

MASSACHUSETTS STATE RACING COMMISSION

c/o Suffolk Downs
111 Waldermar Ave
East Boston, MA 02128
FAX # (617) 561-0803

1 Ashburton Place
Boston, MA 02108
Room 1313

License

Receipt No. _____ Inspector _____

____ Cash / Check _____ Date _____

FOR OFFICIAL USE

2005**PARTNERSHIP REGISTRATION \$50****THOROUGHBRED
LICENSE APPLICATION**

Fee must accompany this application.
Make check payable to **M.S.R.C.**

All the below parties must be currently licensed owners.

DATE _____

To the Massachusetts State Racing Commission:

We declare a partnership

LIST OF PARTNERS**NAME****ADDRESS**

_____	of _____	Share % _____
_____	of _____	Share % _____
_____	of _____	Share % _____
_____	of _____	Share % _____
_____	of _____	Share % _____
_____	of _____	Share % _____

- All entries and declarations of forfeits are to be made by _____
- All winnings are to be credited to _____
- Horses are to be run in the name of _____
- State terms of any contingency or lease or other arrangement _____

We request that this partnership may be registered in accordance with the Rules of Racing.

LIST OF HORSES REGISTERED**NAME****SEX****AGE**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STEWARDS RECOMMENDATIONS

License applied for expires December 31st year of issue

SIGNED UNDER THE PENALTY OF PERJURY

X	_____
X	_____
X	_____
X	_____
X	_____
X	_____